

NOTIFICATION OF ADVERSE ACTION

NOTE: Applies to Pricing Programs only.

Child(ren)'s Name(s): _____

School: _____

Date: _____

Dear _____:

We have completed verification of your child(ren)'s eligibility.

Starting on _____ your child(ren)'s eligibility for meals benefits will be:
(10 calendar days from the date sent)

_____ Changed from free to reduced-price because your income is over the allowable amount. The reduced-price charge is _____ cents for lunch and _____ cents for breakfast.

_____ Stopped for the following reason(s):

_____ your income is over the allowable amount for free or reduced-price meals;

_____ the Food Stamp, CA, or FDPIR case number provided on the application is invalid;

_____ you did not provide proof of current eligibility. The following information is missing:

Starting immediately your child(ren)'s eligibility for meal benefits will be:

_____ Changed from reduced-price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

If you are not eligible for benefits now, but have a decrease in household income, become unemployed, or have an increase in the size of your household, you may fill out an application at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with _____
(verifying official). You also have the right to a fair hearing. If you request a hearing by _____,
(date), your child(ren) will continue to receive *free or reduced-price meals* until the decision of the hearing official is made. You may request a fair hearing by calling or writing the following official:

Name: _____

Address: _____

Telephone Number: _____

Sincerely,

The USDA is an equal opportunity provider and employer.